

STATE BEHAVIORAL HEALTH PLANNING COUNCIL



STATE OF MIND

SUPPORTING BEHAVIORAL HEALTH SYSTEMS THAT
ARE COORDINATED, EFFICIENT, ACCOUNTABLE, AND
FOCUSED ON RECOVERY

FY2017 REPORT TO THE GOVERNOR,
STATE LEGISLATURE, AND JUDICIARY

FIRST,

Thank you!

We are grateful to the Governor and the legislature for ongoing support of the state's behavioral health services provided to Idaho citizens. These services benefit all Idahoans by promoting health and offering hope to individuals, families, and communities across the state.

Legislative support and continued funding for Youth Empowerment Services, as well as continued support for the state's Crisis Centers and Recovery Centers, are already making a positive impact, shifting our system of care from reactive and crisis-based to proactive and recovery-based. The Office of Suicide Prevention supported by the legislature and Governor in 2015 continues to strive for a goal of Zero Suicides in Idaho.

Your compassion and support are appreciated not only by the State Behavioral Health Planning Council but by the people who receive behavior health services in Idaho. Thank you for your continued support!

State Behavioral Health Planning Council

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WHAT IS --- RECOVERY?

In behavioral health and substance use, we often hear the word “recovery.” But what does this word really mean? People do not recover from substance use disorders or mental illnesses in the same way that they might recover from a cold or pneumonia. Instead, recovery is a lifelong process of wellness. The U.S. Substance Abuse and Mental Health Services Administration adopted this working definition of recovery in 2011:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. (Source, SAMHSA, 2017).

Idaho’s approach to behavioral health and substance use treatment focuses on working together to inspire hope, recovery, and resiliency for those in need. The goal is to help all our citizens live their best possible lives.

INTRODUCTION

The State Behavioral Health Planning Council (BHPC) was established through the passage of Senate Bill 1224 in 2014. This bill amended Idaho Code 39-3125 (Appendix One), and replaced the previous “Idaho State Planning Council on Mental Health” with the “State Behavioral Health Planning Council.” It also expanded the focus of the newly established council to include both mental health and substance use disorders. The Behavioral Health Planning Council was formally established as a new body on July 1, 2014.

As defined in both state and federal law, the purpose of the Council is to:

- Serve as an advocate for children and adults with behavioral health disorders.
- Advise the state behavioral health authority on issues of concern, on policies and programs, and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan.
- Monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis, as well as the effectiveness of state laws that address behavioral health services.
- Ensure that individuals with behavioral health disorders have access to prevention, treatment, and rehabilitation services.
- Serve as a vehicle for policy and program development.
- Present to the Governor, the Judiciary, and the Legislature an annual report on the Council’s activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children.
- Establish readiness and performance criteria for the Regional Behavioral Health Boards (RBHB) to accept and maintain responsibility for family support and recovery support services.

The 2017 Planning Council membership covers the full- spectrum of mental health and substance use disorder services, including members from state agencies, private service providers, and prevention programs, as well as consumers, family members, and others

representing the diversity of Idaho citizens. This unique cross-section of individuals makes up the State Behavioral Health Planning Council (BHPC). A complete list of the membership is found in Appendix Two.

The diversity of the membership creates a broad knowledge base for the BHPC, allowing us to work with and support many aspects of the behavioral health system. Most of the work done by the BHPC is completed by its workgroups. These workgroups are focused on several projects including Youth Empowerment Services, continuing support for crisis and recovery centers, and suicide prevention.

The BHPC looks forward to continued active participation in the improvement of Idaho’s Behavioral Health System. The membership is eager to partner with all of the system’s stakeholders by sharing our knowledge, expertise, and lived experience in order to improve the lives of all Idahoans.

BHPC WORKGROUPS

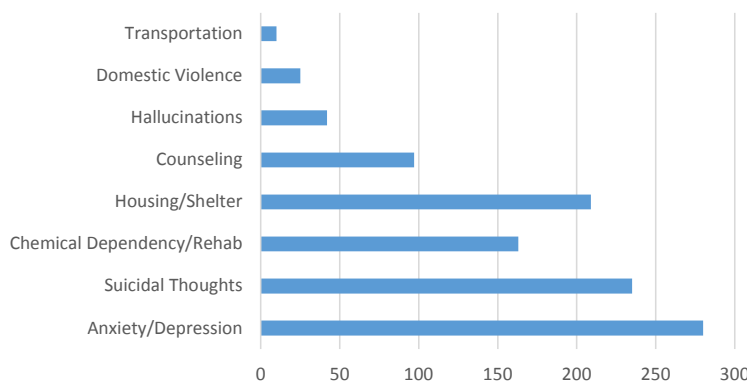
- CHILDREN’S MENTAL HEALTH
- CRISIS & RECOVERY CENTERS
- PREVENTION, EDUCATION & LEGISLATION
- REGIONAL BEHAVIORAL HEALTH BOARD SUPPORT

BEHAVIORAL HEALTH CRISIS CENTERS

Highlights from around the state

Crisis Centers are intended to provide immediate services to individuals experiencing a behavioral health crisis. These centers provide communities with an alternative resource to taking these individuals to the Emergency Department or jail. Crisis Centers are intended as short term (less than 24 hours) solutions to help individuals stabilize through a crisis and connect them with on-going services to help prevent future crises. To date, Idaho has four Crisis Centers located in Coeur d'Alene, Boise opened on December 7, 2017, Twin Falls and Idaho Falls, covering four of Idaho Department of Health and Welfare (IDHW) seven regions. IDHW's goal is to have one crisis center in each region, ensuring access to these critical services statewide (Source: Idaho Department of Health and Welfare)

NICC PRESENTING PROBLEM



NORTHERN IDAHO CRISIS CENTER (NICC)

In 2016, the Northern Idaho Crisis Center (NICC) had 1,114 total visits (December 2015 to December 2016), most from Kootenai County. NICC clients presented with myriad of complaints including anxiety and depression, suicidal ideation, and chemical dependency/addiction. Many clients had co-occurring substance use and behavioral health issues. Many clients were stabilized over the phone by NICC staff. While the NICC has seen great success with single episode clients, our interaction with clients who are high frequency

utilizers of the health care system results in significant community savings.

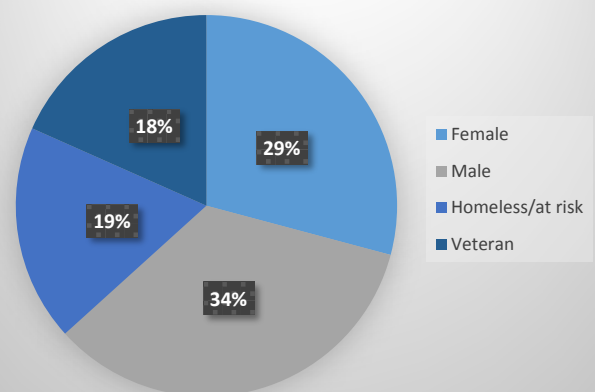
Based on input from local hospitals, NICC determined that the average cost for a behavior health encounter in a local emergency department is \$2,600 per 24 hour period. For purposes of our cost savings analysis we have assumed only one 24 hour period per encounter, though in reality, hospital stays can be much longer. Similarly, based on data from local law enforcement, NICC was responsible for savings to local law enforcement of at least a 4 man-hour savings in LE manpower per diversion (using a baseline rate of \$35 per hour for Law Enforcement resources).

This savings

estimate does not include costs for fire departments and EMS who respond to suicide calls. Overall, we estimate that in 2016, NICC saved the community \$1,751,780.00 (Source: NICC).



NICC POPULATION SERVED



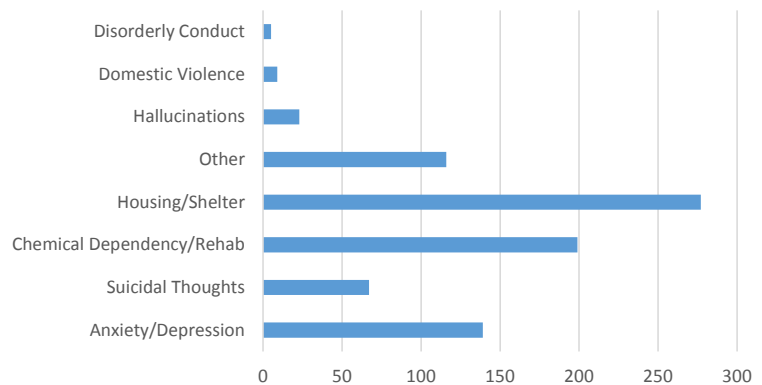
CRISIS CENTER OF SOUTHERN IDAHO

The Crisis Center of South Central Idaho served 876 clients from June 2017-August 2017, most from Twin Falls and Jerome. Of these patients, 476 presented with both behavioral health and substance use issues. The top three reported issues were homelessness, substance use disorder, and anxiety/depression. The treatment team at the Crisis Center have been training in dialectical behavior therapy which teaches patients a skill set to apply to improve their ability to regulate their emotions. Canyon View Hospital also utilizes DBT skills groups and so the Crisis Center is continuing to reinforce the same skills they have learned during hospitalization or in outpatient treatment for either substance use disorder or mental health.

Most clients were self-referred, or referred by families or friends. Referrals to the center also came from law enforcement, doctors and psychiatric hospitals, and other community organizations.

Of the individuals served, 86 were Veterans and 254 were at risk of being homeless or were homeless. Patients who have been off their medications or are not engaging in active treatment for their illness frequently jeopardize their housing with families and friends, who struggle to understand and know how to intervene and get help for their loved one. A person with a substance abuse diagnosis may have relapsed and begun abusing substances again, consequently losing their housing and or employment because of their illness. Cost savings analysis for local communities will be available in 2018. (Source: Crisis Center of South Central Idaho).

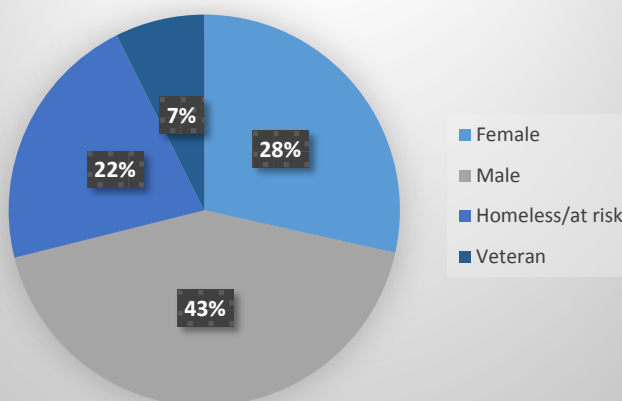
CCSCI PRESENTING PROBLEM



PATHWAYS COMMUNITY CRISIS OF SOUTHWEST IDAHO

The newest crisis center in Idaho opened in Boise on December 12, 2017. Data regarding use and cost savings will be presented in next year's annual report.

CCSCI POPULATION SERVED



BEHAVIORAL HEALTH CRISIS CENTER OF EAST IDAHO

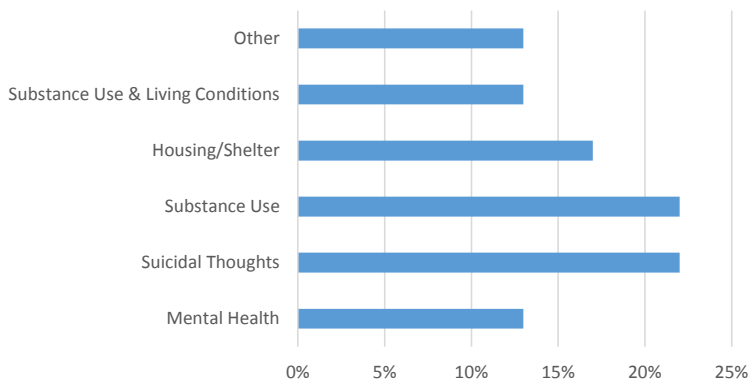
The mission of the Behavioral Health Crisis Center of East Idaho is to be welcoming, empathic and hopeful.

‘We strive to greet everyone with a smile, assist in improving the lives of those we serve, and provide hope and encouragement in a safe, cost effective manner.’

The Crisis Center has seen a 27% increase in people served in 2017 compared with the same time period in 2016. From January through September 2017, the center had 2,120 visits, with the majority of clients (75%) coming from Bannock County. As time progresses, we are seeing how the Behavioral Health Crisis Center has become an integral part of our community and among service providers. Referrals from outside providers are steadily increasing. We are pleased to see law enforcement continue to utilize the crisis center on a frequent basis.

During the 3rd quarter 11% of our referrals came from law enforcement, increasing the annual percentage to 28%. Reasons for admission included substance use disorder (22%), suicidal ideation (22%), behavioral health concerns (13%), and homelessness (17%).

EAST IDAHO PRESENTING PROBLEM

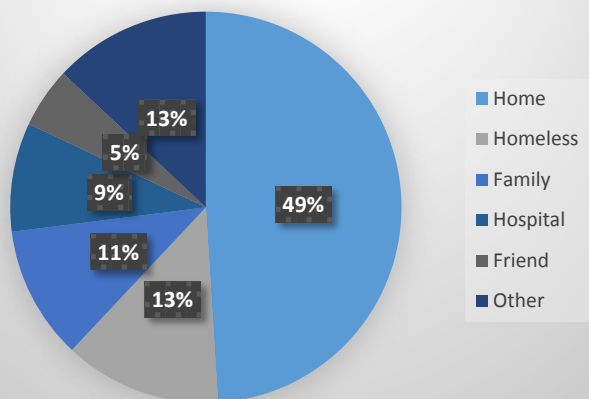


“I wouldn’t have made it had I not been here! I am hopeful, positive and anxious to move on. Thank you, Idaho Falls Crisis Center! Thank you to the wonderful staff.” – Anonymous Client

While it is difficult to estimate cost savings because of the multiple factors involved in behavioral health, it is estimated that the daily rate at our local psychiatric hospital costs \$5,000 with an average five day stay. If 43 of the 62 referrals from the hospital during the third quarter had been admitted to a psychiatric hospital, and four of those patients had been committed to the state hospital (daily rate \$2000 and average 10 day stay), we estimate that we saved taxpayers roughly \$1,155,000

during this last quarter. We also saved roughly four hours of law enforcement officers’ time per patient, at a savings of roughly \$23,000. We are truly grateful to our numerous community partners who have joined us in supporting our community’s behavioral health. (Source: Behavioral Health Crisis Center of East Idaho)

WHERE CLIENTS ARE DISCHARGED



RECOVERY COMMUNITY CENTERS

The Idaho Association of Recovery Community Centers (IARC) plays an integral role in behavioral health. There were 39,087 visits to the eight recovery community centers in our state, averaging almost 5,000 visits per center. In most cases, recovery centers operate on 1.5 staff members. Last year 23,316 volunteer hours were logged at the recovery centers. The operating budget is between \$110,000-\$150,000 depending on location, rent/utility costs, center traffic, supply needs, staffing, etc. The average operating cost throughout the state is approximately \$150,000. Of that budget, approximately one-third of each center's costs are funded by local communities through support from their county, private donors, fundraising efforts, and grants.

The recovery centers average between 80-150 free classes and groups per month. Classes offered are tailored to the specific needs of each community and include traditional or faith based 12-step meetings, smoking cessation, budgeting, life skills, art, music, chess club, recreational and pro-social activities and much more.

While many of the individuals served do not have access to insurance or state funding, all centers offer free Recovery Coaching, and many centers partner with local licensed professionals to offer free counseling for substance use disorders and mental health. We are grateful to the Millennium Fund Committee for supporting our efforts. Any ongoing access to Millennium Funds will ensure that these centers continue to provide needed services to our communities across Idaho. Nationally, for every dollar spent on prevention, a \$7 return on investment is yielded (SAMSHA). When our citizens recover, our families, communities, and state benefit.

2017 RECOVERY BY THE NUMBERS



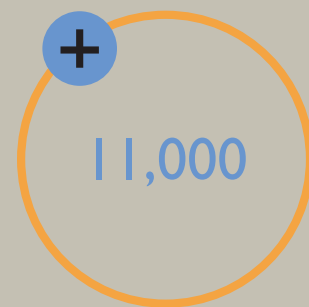
AVERAGE CENTER
VISITS STATEWIDE
PER YEAR

Recovery Community Centers are an integral part of behavioral health in Idaho.



AVERAGE YEARLY
VOLUNTEER HOURS AT
RECOVERY CENTERS

Giving back keeps people engaged and strengthens their own recovery.



AVERAGE YEARLY FREE
CLASSES /GROUPS
HELD AT CENTERS

Free Recovery Support Services help to fill the gap that addresses the uninsured in Idaho.



CHILDREN'S MENTAL
HEALTH POSTER
CONTEST
2017 WINNER
REGION 5

STATEWIDE INITIATIVES

Updates and definitions in behavioral health

In 2017, Idaho's behavioral health providers and agencies used trauma-informed care to better understand and meet the needs of Idahoans. This section explains some common acronyms used in behavioral health and provides updates on new and existing initiatives including YES for children's mental health, crisis intervention training for law enforcement, and substance abuse initiatives.

WHAT IS ACES?

You may hear the term adverse childhood experiences (ACES) in connection with behavior health care. It's a model to help providers assess at-risk individuals so that they can provide targeted resources to support youth and families to help them develop resilience, the ability to not only survive but to thrive.

Examples of ACEs include growing up in a home where alcohol or drugs are used, experiencing physical, sexual, and/or emotional abuse, losing a parent to separation or divorce, growing up with a person living with mental illness in the home, experiencing physical or emotional neglect, witnessing violent treatment of their mothers, or growing up with a, incarcerated household member.

In a large cohort (17,000 member) study, researchers found that over a 15 year period, traumatic childhood experiences adversely affected adult health. For example, compared with those who reported an ACES score of 0, individuals with a score of 4 or more were twice as likely to smoke, 12 times more likely to have attempted suicide, 7 times more likely to suffer from alcohol use disorder, and ten times more likely to have used street drugs. Researchers concluded that nearly two-thirds of injection drug use can be attributed to childhood trauma.

ACE study author Vincent J. Felitti, M.D., concluded that "The ACE Study reveals a powerful relationship between our emotional experiences as children and our physical and mental health as adults, as well as the major causes of adult mortality in the United States. It documents the conversion of traumatic emotional experiences in childhood into organic disease later in life.... One does not 'just get over' some things, not even fifty years later" (Source: Felitti, V. J., Ana, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction contribute too many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8))

WHAT IS YES? IDAHO'S TRANSFORMATION FOR YOUTH SERVICES

Youth Empowerment Services (YES) is an initiative that will transform Idaho's children's mental health services. YES brings together youth, parents, providers, and the community to provide wrap-around mental health services. In 2017, YES implemented (Children and Adolescents Needs and Strengths) CANS assessment to address needs and design supports. This new system will use a strengths-based and family-centered team approach to the provision of individualized care. This work is Idaho's response to the Jeff D. class action lawsuit settlement agreement. Training and communication on the YES model has occurred around the state.

The State of Idaho is developing a new system of care for Idaho's children and youth with serious emotional disturbance (SED), called Youth Empowerment Services (YES). This new system will use a strengths-based and family-centered team approach to the provision of individualized care. This work is Idaho's response to the Jeff D. class action lawsuit settlement agreement.

Idaho currently services approximately 15,000 children and youth who are presumed to be "Class Members" through publicly funded services. It is estimated that an additional 6,000 children and youth will receive services through the YES system of care.

The goal of the YES project is to develop, implement, and sustain a family-driven, coordinated, and comprehensive children's mental health delivery system. This enhanced system will lead to improved outcomes for children, youth, and families such as:

- Children and youth being safe, in their own homes, and in school;
- Minimization of hospitalizations and out of home placements;
- Reduction in potential risks to families and to the community;
- Avoidance of delinquency and commitment to the juvenile justice system; and,
- Correction or improvement of mental illness, reduction in mental disability and restoration of functioning.

IDHW has received the funding and legislative approval necessary to provide Medicaid coverage for children with Serious Emotional Disturbances (SED) up to 300% of the federal poverty level. This benefit will begin January 1, 2018. Contracts and agreements are in place to begin training in the various processes and tools that will be a part of the new system including the Child and Adolescent Strengths and Needs (CANS) tool that will be used to help determine Class Member status.

“Parenting children in the midst of challenging mental health diagnoses and difficult life experiences requires determination, consistency, and support from professionals. The services our family receives through Idaho’s children’s mental health system help us parent our children with resiliency and creates opportunity for each of them, despite their challenges, to impact their community in a positive way.” -Danny and Jen Griffis

TRAUMA-INFORMED EFFORTS IN FOSTER CARE

Over the past several years, the Child and Family Services (CFS) program within the Department of Health and Welfare has been focused on enhancing its practice in assessing and treating trauma. Research and evidence-based programs and strategies have been implemented to serve children, youth, and families involved in the child welfare system. These efforts will assist the program in improving overall well-being, reducing length of time in care, increasing placement stability,

achieving more timely permanency, and reducing congregate care for children and families served. These research and evidence-based programs and strategies include the implementation of the tool, the use of Family Group Decision Making (FGDM) that includes fidelity measures, and through providing trauma-informed training to CFS staff, supervisors, and leadership.

Through our continued statewide implementation of the CANS tool, CFS will have the internal and external capacity for trauma-informed assessment and case planning. Currently, approximately 50% of CFS’s case-carrying staff

are certified in administering the CANS tool. CFS continues to work diligently on the next steps for the continued statewide implementation plan.

Idaho is creating multiple pathways for accessing a children’s mental health assessment. The assessment process will be enhanced by using the CANS tool. To ensure coordination and collaboration across child and family-serving systems, Idaho’s vision for this assessment process is “one child, one CANS.” CFS is working closely with other IDHW divisions, as well as



other child-serving agencies to design how this process will be implemented.

Trauma-informed intervention strategies for parents and resources for parents, youth, and children continue to be developed and implemented to help children and youth self-regulate to reduce the use of psychotropic medication. CFS is in the process of revising and enhancing existing training and resources on psychotropic medication to reflect research-informed strategies for interventions.

CFS has taken active efforts to reduce the negative symptoms of secondary trauma to staff. These efforts have included incorporating in-service training for staff, supervisors, and leadership that focus on tools for self-care as well as strategies to manage the impact of exposure to the continued traumatic stress often involved within child welfare cases.



Youth advocate Eric Walton shares his behavioral health experiences with Boise Police Academy graduates at the Anne Frank Memorial in November 2017.

WHAT IS CIT?

Crisis Intervention Team Training (CIT) was originally developed for the Memphis, Tennessee police department. CIT training is an evidenced-based practice that saves lives by teaching officers how to deescalate a person who has a behavioral health crisis. Since police officers are often first responders in these crises, the training provides additional education and skills that are beneficial when responding to a behavioral health crisis. Several officers around the state of Idaho have been CIT trained. The State Behavioral Health Planning Council commends law enforcement's efforts and strongly supports behavior health education for our first responders. We are grateful to law enforcement across the state for their continued efforts to protect our citizens.

SUBSTANCE ABUSE PREVENTION

Substance abuse prevention in Idaho continues to see growth and success. Sixteen (16) Idaho communities have received funds through the Office of Drug Policy's Strategic Prevention Framework (SPF) Grants program to implement population level prevention strategies. The SPF program also provides funds for ten (10) law enforcement agencies to conduct operations to enforce underage drinking laws and curb prescription drug misuse. In addition, 45 prevention providers statewide were awarded funding from the Substance Abuse Prevention and Treatment block grant to deliver evidence-based prevention programs in their communities.

The Office of Drug Policy (ODP) has continued to engage partners to tackle the opioid crisis. ODP, in collaboration with the Idaho Board of Pharmacy, was awarded a Millennium Fund grant to install medication disposal bins in retail pharmacies. As part of the Idaho's Response to the Opioid Crisis (IROC) grant funding, ODP is implementing prevention strategies that will place medication disposal bins in retail pharmacies across the state and put naloxone in the hands of first responders.

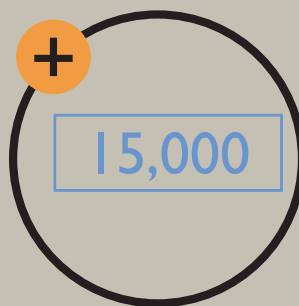
Finally, ODP convened a planning group in April 2017 to create a statewide, multi-stakeholder prescription drug and heroin abuse prevention strategic plan. The strategic plan identifies four key goal areas that address the epidemic in a comprehensive, multi-faceted approach to support the plan's 2022 vision of "A safe and healthy Idaho, free of opioid misuse and untreated opioid use disorders."

2017 BHPC BY THE NUMBERS



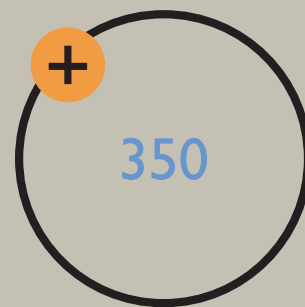
VISITS TO 8 IDAHO RECOVERY CENTERS

Average of almost 5,000 visits per center. In most cases, recovery centers operate on 1.5 staff members.



CHILDREN WITH SED SERVED IN IDAHO

It is estimated that an additional 6,000 children and youth will receive services through the YES system of care.

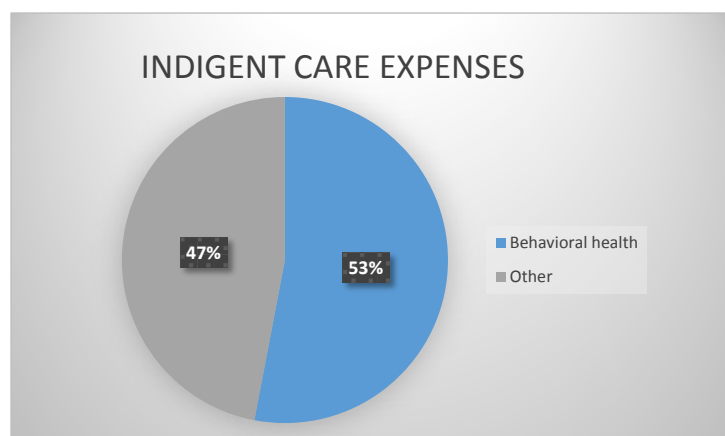


DEATHS BY SUICIDE IN IDAHO

Suicide is the second leading cause of death in our state, and our rate is the fifth highest in the nation. Behavioral health services literally save lives.

BEHAVIORAL HEALTH MATTERS

Of all indigent medical care cases in 2017, 2200 (53%) were for behavioral health services. According to SAMHSA, every \$1 spent on preventative services translates into \$7 in costs saved over the client's life. With access to effective treatment, including medication, therapy, and social supports, many individuals living with behavioral health challenges can have productive lives in their communities.



REGIONAL BEHAVIORAL HEALTH BOARD REPORTS

Highlights from around the state

The Regional Behavioral Health Boards (RBHB) are a critical component in Idaho's transformed Behavioral Health System. The SBHPC continues to support and encourage effective communication between the SBHPC and each of the RBHBs. Below are brief updates about the activities of each of the regions from the past fiscal year.

REGION 1

Region 1 accomplished many of its 2017 goals, including training and engagement around the new Youth Empowerment Services system of care. In children's mental health, a community resilience screening in Kootenai County reached 500 parents, providers, and stakeholders. The region also established the North Idaho Trauma Care Collaborative in North Idaho to create a Trust Based Relational Intervention (TBRI) centered community. A screening of the documentary Paper Tigers in Bonner County provided information to parents and providers about Adverse Childhood Experiences (ACES) that can impact children's ability to thrive.

To combat stigma, Region 1 participated in Children's Mental Health Week with poster contest submissions and a family fun fair and provided information and resources to families at other community events. Subcommittee members attended a training about how to develop a community strategy for trauma-informed care. In suicide prevention, the region gained five trainers in Bonner and Boundary County with a \$5,000 grant from the Idaho Community Foundation. Region 1 has begun discussions with St. Vincent De Paul about possible collaboration on grant funding for mental health/substance use housing.

Region 1 Veterans subcommittee provided outreach and distributed information to veterans about free counseling and available support groups that were held at the Kootenai Recovery Community Center and distributed more than 300 handouts about resources during the Veterans Stand Down. Finally, the region's Recovery Center provided recovery services for substance abuse and mental health to an average 500 people per month and obtained a subsidy to hire an employee who is in long term recovery.

REGION 2

Region 2 continues to make progress in community awareness, children's mental health, supportive housing, and telehealth. Working to increase awareness of services offered in Region 2, the board is currently developing a comprehensive community guide. In children's mental health, respite care was increase for families, and the board continues to work on identifying community partners for the YES program. Crisis center needs have been identified and a model for rural response has been developed. To provide transitional housing for people in recovery, a self-run, drug-free Oxford House was opened in Lewiston this year.

The Housing Committee has also developed an action plan to partner with Lewis Clark State College and Boise State University students to develop grant proposals for veterans housing and to identify community housing needs for individuals living with mental illness. Telehealth is an especially important consideration for Region 2's rural communities. Region 2 completed a gaps and needs survey in May 2017 and plans to develop and distribute a provider directory to communities.

REGION 3

Region 3 focused on a variety of community supports. For at-risk youth who are not involved with the criminal justice system, Region 3 was a pilot for Vallivue and Nampa School Districts to deter youth from juvenile detention. The Region also provided CIT trainings in schools and a youth mentoring program. Youth Court is now available at Canyon Springs High School. To provide education about ACES (Adverse Childhood Experiences) and trauma, community screenings of the documentaries Paper Tigers and Resilience were shown. Respite care for families now includes crisis care, though trained providers are needed. The Idaho Youth Ranch will open another facility in Region 3, and 17 new beds in the Generations Program were opened at Intermountain Hospital.

Transportation and housing for individuals living with mental illness continue to be a focus for future progress. Optum is now providing reimbursement for home therapy, and Region 3 is partnering with the Canyon Bike Project and with CATCH (Charitable Assistance to Community's Homeless). A Region 3 Self Rescue Manual connects those in need with existing community resources. GED classes at the Canyon Clinic Wellness Recovery Center and at the College of Western Idaho provide opportunities for young people in recovery to pursue higher education. Finally, the Breaking Chains Academy in Nampa provides alternative education opportunities and job skills training to at-risk Region 3 youth.

REGION 4

In Region 4, one of our most anticipated developments is the scheduled December 2017 opening of Pathways Community Crisis Center, the fourth Crisis Center for behavioral health in Idaho. Ada County currently has a Peer Wellness Center, a recovery center that averages more than 2000 visits per month from individuals seeking support in their recovery.

One of our goals is to establish a sustainable supported housing entity that supports independent living through medication management and life skills checks, internal access to behavioral health service and community support groups. While a lack of programs and funding to adequately address the homeless population in our region still exists, in 2017, our HART (Homes with Residential Treatment) project is moving towards appropriate stable housing for those living with chronic and severe persistent mental illness. In 2016, the City of Boise was joined by the Idaho Housing and Finance Association, the Boise City/Ada County Housing Authority, CATCH, Inc., and Terry Reilly Health Services, in announcing the Housing First initiative for helping the chronically homeless address the root causes of their homelessness. The program will include “wrap-around” support and services, including mental health counseling, substance abuse treatment, and financial counseling, support and services.

Mental Health First Aid was another success for Region 4. Using a Blue Cross grant, Region 4 partnered with Central District Health and the Speedy Foundation to present three mental health first aid trainings targeting middle school and high school personnel in Garden Valley, Idaho City, and McCall/Donnelly. Seven community members were trained through Train-the-Trainer for Mental Health First Aid for Youth. These new trainers will be ongoing resources for Mental Health First Aid Training in the Treasure Valley.

Finally, to increase Intensive Outpatient Programs or Partial Care Services, Optum began a pilot project this year (2017) to provide Intensive Outpatient Services to contract with 10 providers across the state. To date, two providers will receive contracts in Region 4.

REGION 5

One of Region 5's primary concerns is the need for crisis/transitional housing in our communities. Single men in particular have minimal housing options. Barriers such as felonies, credit checks, and the need for deposit/first-

month rent money screen out many individuals. Region 5 is exploring a “screen in” approach that would enable more people to access housing and is also seeking funding opportunities for psychiatric beds for adults and youth. Enhanced telehealth and transportation for rural populations are also a top priority. Twin Falls will soon be classified as “Small Urban” and will be required to provide public transportation, so now is a good time to consider the needs of rural communities as well. We also need interpreters and translators for language, and for hearing and visually impaired people.



CIT trainings are offered and well-received by local law enforcement; however, many rural areas are unable to coordinate due to the length of the course. Similarly, though parenting classes are available in region 5, very low turn-outs are reported. We are evaluating the reasons for low attendance and considering how and where we present these classes in the community.

REGION 6

Transitional and permanent housing continue to be a challenge in Region 6. We held a stakeholder education event in November 2017 and are exploring PATH (Project for Assistance in Transition from Homelessness) funding to provide one-time assistance with deposits or first month's rent. We are also partnering with community businesses to encourage them to hire people who have felonies on their records, and to recognize supportive employers. Idaho State University's Center for New Directions can provide interest inventories, help with resumes, and provide counselors, and GED testing. Peer support and recovery coaching are provided through the Hope and Recovery Resource Center.

In children's mental health, we continue to advocate for more school resource officers, who can help coordinate case management for at-risk youth. Collaboration among school districts, juvenile justice, Department of Health and Welfare and providers continues to be a concern, since we currently do not have a common database or a website to share resources. Our Children's Mental Health Subcommittee visits schools in the region with the Department of Behavioral Health, Children's Mental Health, and Juvenile Justice and community providers. We held a SHIP (State Health Insurance Program) training conference in September 2017.

In 2018, we plan to host a Children's Mental Health training through Idaho Federation of Families for family support partners. We will present a drop-in center model for adolescents, work to increase incentives for therapeutic foster homes, and encourage a state Medicaid expansion or Idaho alternative. We are also working to reactivate our SPAN (Suicide Prevention Action Network) chapter and to establish community support for a crisis center.

REGION 7

The Behavioral Health Crisis Center of East Idaho is operating and providing 24-hour stabilization services to those who need immediate care at no cost. In 2016, we assisted in the grand opening of the recovery Center for HOPE Recovery Community Center and have helped with the Center throughout 2017. We held a trauma informed care conference in October 2016 in Idaho Falls with national speaker Dr. James Henry (attendance = 320 participants). YES education and children's mental health awareness activities including Bridge the Gap were held in May 2017. WE developed a respite care flyer and distributed it at numerous events in 2016 and 2017, and we coordinated with the Department of Health and Welfare on providing group respite care throughout the region.

Representatives from IDHW have presented information about the program at conferences and groups in multiple counties in the region. Two one-day CIT trainings held in Driggs, Idaho, and we coordinated with several community partners to provide Mental Health First Aid trainings throughout the region.

In the region, Stewards of Recovery opened a facility, and social detox is available at the Behavioral Health Crisis Center of East Idaho. Finally, we wrote a legislative letter of support for prescribing psychologists, which will assist in provider shortages in our region.

GOOD SAMARITAN LAWS FOR 911 CALLS

Accidental overdose deaths are now the leading cause of accidental death in the United States, exceeding even motor vehicle accidents among people ages 25-64. Many of these deaths are preventable if emergency medical assistance is summoned, but people using drugs or alcohol illegally often fear arrest if they call 911. The chance of surviving an overdose, like that of surviving a heart attack, depends greatly on how fast the person receives medical assistance. Idaho is making great strides in decreasing overdose death rates with public education regarding Naloxone; however, to date we do not have a Good Samaritan Law. Passing a Good Samaritan Law could save many lives.

NEEDS AND OPPORTUNITIES IN BEHAVIORAL HEALTH

As we move into 2018, we remain grateful for the Governor's and state legislature's commitment to improving behavioral health services in Idaho. However, several areas continue to present significant challenges. These include lack of access to medically necessary services, a fragmented system of care, a need for education and public awareness, and housing, employment, and transportation shortages. Although these challenges exist in all regions, rural communities face even greater barriers in accessing care. Except as noted, the information in this section was collated from the Regional Behavioral Health Board Combined Gaps and Needs Assessment. This section summarizes reports from all seven regions, as well as information from state agencies, about areas that need continued funding and support to promote behavioral health for all Idahoans.

ACCESS TO SERVICES

Access to behavioral health services is critical to ensuring positive outcomes for our citizens. Idaho faces unique challenges in providing access to care, including lack of funding, rural communities, and provider shortages. Telehealth services may provide one cost-effective solution to improving access to services in Idaho.

Funding for services was identified as a need for every region. Some regional health boards are focusing on recruitment of participants who are familiar with the grant search and application process, as well as those who have dedicated time to devote to this task. Others plan to create grant workshops to train members on grant writing.

Part of the funding challenge is a lack of access to health insurance and the state's Medicaid gap population. Lack of insurance coverage for low-income individuals who don't qualify for Medicaid and earn too little to qualify for assistance through Your Health Idaho is a major barrier to both behavior and physical healthcare.

At-risk populations need special attention. There is currently a lack of funding to address gaps in medical care for high risk populations; for example, patients released from the state psychiatric hospitals and Idaho Department of Corrections.

MILLENNIUM FUNDS

One specific funding challenge is related to the Millennium Funds, numerous programs that benefit Idaho Communities may lose funding as a result, including recovery centers, community based substance use prevention services, parent and teen education and smoking cessation projects.

Additionally, currently in Idaho, we have 16 Idaho community based coalitions that are receiving funding through the Office of Drug Policy's Strategic Prevention Framework (SPF) Grants program to implement population level prevention strategies, representing more than \$1.5 million dollars that is currently being spent in drug and alcohol prevention services that will end, as of June 30th, 2018.

Many of these coalitions are going to have a very difficult time continuing to offer any prevention activities. Several of these coalitions may not survive the funding cuts, and those that do will not have funding to continue with necessary training opportunities, staffing, or other necessary expenses. With the substance misuse problems we are currently experiencing in many of our communities, we cannot afford to lose these organizations.

If we continue to reallocate or lose these types of prevention funding, we can expect to see an increase in health care costs, law enforcement issues, and in the end, costs incurred from incarceration. We hope Millennium Funds will continue to be used for their identified purpose: "for programs and projects directly related to tobacco cessation or prevention, substance abuse cessation or prevention, or tobacco or substance abuse related disease treatment".

RURAL COMMUNITIES

Many behavioral health services and resources are only available in larger metropolitan centers like Boise, Twin Falls, or Idaho Falls. Citizens in rural communities and counties have limited opportunities to access behavior healthcare. Possible

solutions include greater access to public transportation, or coordination of a shared ride program. Agencies in rural areas could also coordinate vehicle fleets to offer efficient public transport from a single transit organization/central dispatch. Rural communities could seek to expand the use of Section 5311 funds to communities with populations less than 50,000.

Rural communities also frequently lack interpreters and translators for languages, and for hearing and visually impaired persons. Awareness of this issue could improve quality of care and outcomes if translators/interpreters were available.

PROVIDER SHORTAGES

The lack of professionals in the region able to prescribe medications to patients in need affects not only rural communities but the entire state. The regional behavioral health boards support legislation allowing psychologists to prescribe mental health medications. Increased access to medication management could reduce avoidable hospital stays. There is also a limited access to psychiatric services, especially for children and adolescents. We continue to advocate for system enhancements to increase the number of child and adolescent psychiatrists in the region. In children's mental health, there is a shortage of providers who can serve youth who have a dual diagnosis.

TELEHEALTH

All regional behavioral boards expressed interest in increased telehealth utilization. One important step is to identify providers who could be included in a state-wide database. Another concern is identifying or providing a facility/site to house the equipment needed. Use of existing facilities and buildings that are not currently being used as satellite sites for providers may be one cost-effective solution.

SYSTEM OF CARE

Idaho's system of care, while improving, remains fragmented in many respects and still suffers from a reactive rather than a proactive focus. The current system of care includes community crisis and recovery centers, state psychiatric inpatient hospitals, and the new Youth Empowerment Services delivery model for children's mental health, designed in response to the Jeff D. lawsuit. Unfortunately, this system still lacks coordination and too often includes the criminal justice system. Continued support for community crisis and recovery centers should remain an important focus for legislators.

IDAHO DEPARTMENT OF CORRECTIONS

The 2017 Idaho Legislature awarded IDHW with \$5.4 million in funding to provide mental health services for Idaho's parole and probation population living in our communities. These services include assessment, individual and group therapy as well as medications and medication management and will be provided through Idaho's Federally Qualified Health Clinics. Providing individuals involved with the criminal justice system with services and medications to address their mental health needs should reduce the rate of return to incarceration (i.e.: "recidivism"). Services are scheduled to begin in November 2017 (Source: Idaho Department of Health and Welfare).

Unfortunately, many Idahoans who need behavioral health services will access them through the criminal justice system, which remains a critical component in Idaho's system of care. The IDOC budget for substance use disorder (SUD) services in FY17 was \$7,062,100. To assist IDOC with increasing service demands, in FY17 the Department of Health & Welfare transferred an additional \$400,000 in SUD funding to IDOC. The combined funds provided community based drug & alcohol treatment services for adult felons through a statewide private provider network. Available treatment services included assessment, outpatient/intensive outpatient care, and residential care and recovery support



services, such as case management, drug testing, safe/sober housing, life skills and transportation. In FY17 the private provider network served 5299 IDOC offenders, an increase of 745 offenders from the previous fiscal year.

To implement Justice Reinvestment Initiative (JRI) programmatic recommendations, in FY17 IDOC conducted multiple statewide regional trainings for the provider network in two University of Cincinnati offender programs, Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) and Advanced Practices (AP). Multiple trainings were also conducted in the Level of Service Inventory Revised (LSI-R) assessment tool. Effective 6/1/16, a Criminal Justice (CJ) specific provider network was implemented. The CJ Network emphasizes increased drug testing, case management utilization and enhanced communication between providers and supervising probation/parole officers. Continued funding and support is necessary to fund these programs designed to rehabilitate Idahoans who live with behavioral health conditions and/or substance use disorders.

CRISIS CENTERS AND RECOVERY COMMUNITY CENTERS

While recovery and crisis centers have provided a key component for community based care, sustainability remains a critical issue. It is important to note that not all recovery centers receive the same levels of support from their local communities. Approximately one to two-thirds of the budget was funded through our state's Millennium Fund. In 2017, centers received an additional allotment from the Millennium Funds (up to one-third of operating budget in some centers), but unfortunately, that will not be an option for the centers this coming fiscal year. Some recovery centers like the Peer Wellness Center in Region 4 are at risk of closing their doors, cutting off citizens from important supports.

An additional source of funding for 2018 comes from the opioid crisis. Recovery centers are partnering with the Idaho Department of Health and Welfare and Recovery Idaho to address the opioid epidemic in our state. Idaho's Response to the Opioid Crisis (IROC) grant provides up to one third of the operating budget at some recovery centers. The IROC partnership provides community recovery support services such as recovery coaching, support groups and prosocial activities. We hope that the legislature will again approve funding for this vital, life-saving project. Our goal this year is to reach 840 individuals that need help for opiate addiction statewide.

To provide financial sustainability for our efforts to promote recovery in Idaho, Recovery Idaho along with The Idaho Association of Recovery Centers are in strong support of a bill drafted by Representative Mike Kingsley called SIRCA, Sober Idaho Recovery Community Act, which will be proposed during legislation in the upcoming year. This bill calls for \$1.5 million over the next five years to help sustain the nine recovery centers across our state. As we work towards a Recovery Oriented System of Care (ROSC) model in our state, our goal is to demonstrate that prevention works.

THE OPIOID EPIDEMIC

The Idaho Department of Health and Welfare, Division of Behavioral Health received \$2 million in the spring of 2017 to provide services that combat the opioid epidemic. "Idaho's Response to the Opioid Crisis", or IROC, supports the following services and activities:

- Medication Assisted Treatment for individuals striving for recovery from Opiate Use Disorder
- Reduce access to opioids and prevent overdose deaths through training and improved tracking tools for medical professionals.
- Enhance the recovery oriented system of care which will broaden the boundaries of the traditional treatment system and offer enhanced peer support for individuals struggling with Opioid Use Disorder (OUD) through peer-based supports including recovery coaching.
- Increase the use of Naloxone to reverse opiate overdoses.

The IDHW continues to partner with a variety of different stakeholders in Idaho who are all working to reduce the impacts of this epidemic to our State (Source: Idaho Department of Health and Welfare).

CHILDREN'S MENTAL HEALTH

The YES project developed in response to the Jeff D. lawsuit is rolling out across the state, and respite care services have increased in 2017. However, the RBHBs are still seeking alternatives to hospitalization or juvenile department of corrections placement of youth in crisis, including crisis respite, partial hospitalization, and day treatment. A drop-in center model may be an effective addition to current services.

One challenge to effective care is the lack of up-to-date information regarding services available to SED (serious emotional disturbance) youth. Quarterly updates regarding Youth Empowerment Services (YES) implementation will assist in developing better responses across regions. Parents, providers and stakeholders will be trained in the new system of care. The RBHBs will collaborate in this process and support opportunities to advocate for the needs of the region, participate in workgroups, and to inform and guide implementation efforts.

Idaho Department of Juvenile Corrections (IDJC) along with county probation offices, implements the “Balanced and Restorative Justice” philosophy emphasizing three priorities: public safety, accountability, and competency development. Through this approach, the counties and the state work together to ensure that juvenile justice in Idaho is a system that delivers the best possible change for youth to lead productive lives in the future. As Idaho’s general population continues to increase, the number of juvenile arrests, detention bookings, and the number of juveniles served by IDJC continues to decline.

While the IDJC’s population has decreased, the complexity of youth being committed to the Department has increased. The prevalence of complex mental health needs of youth in IDJC facilities is three times that in the general population or nearly 60%. Additionally, approximately 70% of youth committed to IDJC custody have a substance use disorder. Emphasis is placed on evidence-based interventions, developing juvenile competencies to ensure community protection, working with community partners and sister agencies to address the needs of juvenile offenders and their families, and to strengthen and support the resources with the IDJC and communities (Source: IDJC).

CARE COORDINATION AND CASE MANAGEMENT

Improved communication and coordination between behavioral health providers and primary health providers was identified as a need to improve behavioral health outcomes.

We are grateful that the Idaho Department of Health and Welfare allocated funds for substance use disorder treatment as a voluntary option for the community members. It benefits individuals and family’s to provide voluntary services to adolescents and adults who need medical treatment for addiction and who do not otherwise have access to medical care through probation services or Medicaid.

SOAR AND OUTCOMES ASSESSMENT

The SSI/SSDI Outreach, Access and Recovery (SOAR) program needs quicker accessibility to Medicaid approval.

“Youth support groups can help at-risk teens to connect and support each other. “Youth MOVE has been incredibly helpful on my path to health and happiness. I’ve learned how to advocate for my own needs and look after my own health. During my time there I’ve made lifelong friendships and met some of the strongest people I know. I’ve laughed with them, worked with them, joked with them, and fought the stigma of mental health with them. Our goal is to ensure everyone with a mental illness, doesn’t have to be afraid of saying that they do”—Eric Walton, age 18, Chair of Idaho Youth M.O.V.E. Boise Chapter

Additionally, lack of payment for SOAR services is a barrier to effective care. RBHBs plan to gather data in 2018 to support use of SOAR services and promote use of SOAR services.

PSYCHIATRIC HOSPITALS

Law enforcement, providers, and consumers are lacking options when the few state hospital beds that are available fill. Currently, State Hospital North in Orofino has 55 adult beds and requires commitment through the court system. State Hospital South in Blackfoot has 90 adult beds, 29 skilled nursing beds, and 16 adolescent beds. Goals include the following:

- Increase number of bed availability for adults and youth.
- Explore alternative resources for the waiting period until a bed becomes available
- Create transportation options to transport to nearest available bed or crisis center
- Enhance communications between providers and law enforcement to create a more efficient process

EDUCATION, PUBLIC AWARENESS OUTREACH, AND STIGMA

We need to educate the general public about “behavioral health.” The lack of accurate information in the media about mental illness and addiction contributes to stigma and negative perception. All of the RBHBs are working to engage and educate community leaders, residents, and private businesses about the positive effects that enhanced access to behavioral health has on communities. Education strategies include developing and updating comprehensive community resource guides like the Ada and Canyon County self-rescue manuals, using websites and newsletters to educate parents, consumers, and community members about behavioral health, targeting media outlets such as newspapers, local television, and local radio in conversations about behavioral health and community wellness, hosting and attending community resource fairs, and partnering with community organizations like local NAMIs (National Alliance on Mental Illness) and The Speedy Foundation.

SCHOOL PROGRAMS

Many of the RBHBs are seeking to create mental health education/outreach • programs for elementary and middle school aged children. Mental Health First Aid trainings have also been completed in several communities. Education resource cards, developed by children’s mental health subcommittees, have been created and distributed to many schools statewide. Children’s mental health activities were also held across the state in May 2017 and included a poster contest led by Idaho Federation of Families for Children’s Mental Health.

PARENT EDUCATION

Parent education continues to be a top priority in all regions. Parents are often unaware of available services, and rural access for parents to educational and clinical opportunities remains a challenge. Schools in more rural areas do not have the resources to provide education or strategies for children/families with mental illness. We encourage Optum to develop codes for group counseling without the child present. Additionally, in some regions, parenting classes are offered, but turnout is low. We plan to re-evaluate how and where parenting classes are presented to the community to try to reach more parents. Training by Idaho Federation of Families for Children’s Mental Health for family support partners (like peer support specialists for family members) was also pursued in 2017.

VETERANS

Challenges that impact our Veterans are unique. Combat-related TBI (Traumatic Brain Injury) or PTSD are medical and behavior health conditions that often go untreated due to difficulties in accessing services in rural areas. A few of the Regional Behavior Health Boards have added a Veterans subcommittee, with the goal of educating communities about available services outside of the VA such as the Crisis Center and Recovery Centers. RBHBs have attended Veterans’ Stand Down events and provided resources to attendees and will continue to address the needs of this population.

CIT TRAINING FOR LAW ENFORCEMENT

While Crisis Intervention Team trainings are offered and well-received by local law enforcement, many officers from rural areas are unable to coordinate these trainings due to the length of the course and challenges with adequate staffing during the training periods. We propose the idea of shorter mini-training sessions to reach locations that are unable to attend the week-long trainings.

SUICIDE PREVENTION

Idaho remains in the top ten per capita states for rates of death by suicide. The Office of Suicide Prevention was created in 2015 to focus on this issue and provide solutions. This section updates state efforts on our Zero-Suicide Initiative.

IDAHO SUICIDE PREVENTION PROGRAM

The Suicide Prevention Program (SPP) has been working hard to implement the Zero-Suicide initiative in Idaho health systems statewide. Zero Suicide is a comprehensive, multi-setting approach to suicide prevention in health systems and uses a seven-component model primarily to close the gaps through which suicidal individuals often fall.

Additionally, over the last year, SPP has Conducted an analysis of downtown Boise parking garages

which has resulted in training and infrastructure changes to reduce suicide risk, established a Lethal Means Task Force, conducted trainings for behavioral health providers, hospitals, schools, law enforcement, employers and many other professional and public groups, established and convened a suicide prevention stakeholder group to help increase collaboration, provided support to the Idaho Governor's Council on Suicide Prevention and worked closely with media in an attempt to provide for safe reporting on suicide.

Another significant update is the launch of SPP's "Rock Your Role" public awareness campaign. This included both print materials and television spots, which aired the month of October throughout the state. Print materials were distributed by partners statewide as well and are available for order at healthtools.dhw.idaho.gov.

SPAN-IDAHO

SPAN-Idaho and its nine regional chapters continue suicide prevention efforts statewide through advocacy, education, loss survivor support and postvention activities in communities and schools.

"So many lives are touched by suicide, including mine. But I believe that adversity can be an instrument for positive change, so I didn't hesitate to sign on as a volunteer for the Idaho Suicide Prevention Hotline. The Hotline is a place where I can make an immediate difference in someone's life. Maybe even save a life. The skills we learn in training apply outside the crisis phone room also. I'm a better listener, a more empathetic wife and mother, a more compassionate friend." –Jennie Rylee, Idaho Suicide Prevention Hotline volunteer who lives with bipolar disorder in recovery.





IDAHO SUICIDE PREVENTION COALITION

The Idaho Suicide Prevention Coalition, continues to be the leader in suicide prevention legislative advocacy efforts within the State of Idaho.

IDAHO COUNCIL ON SUICIDE PREVENTION

More detailed and comprehensive information about the Idaho Council on Suicide Prevention will be available in the 2017 Governor's Report.

HOUSING AND TRANSPORTATION

In addition to medical services, people living with severe and persistent mental illness

(SPMI) need a wide variety of community supports to live healthy, happy, productive lives in recovery. Homelessness, lack of supportive employment, and lack of transportation are challenges faced by Idaho citizens in all regions.

HOMELESSNESS

Homelessness complicates and contributes to mental health and substance use issues. All regions are looking for ways to adequately address the homeless population. In 2016 the City of Boise was joined by the Idaho Housing and Finance Association, the Boise City/Ada County Housing Authority, CATCH, Inc., and Terry Reilly Health Services, in announcing the Housing First initiative for helping the chronically homeless address the root causes of their homelessness. The program will include "wrap-around" support and services, like mental health counseling, substance abuse treatment and financial counseling, support, and services.

Creating both transitional and permanent affordable and accessible housing for men, women, and families faces a variety of community barriers:

- Lack of funding sources for transitional housing
- Municipal requirements (zoning, fire suppression, etc.)
- Lack of neighborhood acceptance; no one wants transitional housing in their neighborhood
- Lack of a dependable resource to pay first/last month rent and deposit
- Lack of public education on housing options and services.
- Lengthy waiting periods for subsidized public housing.

Possible solutions include using PATH funds to help with deposits or first month's rent, one time, converting county owned to transitional housing, and researching functioning housing models in other regions/states to develop a model. It is critical that we engage our community members while educating about the social and fiscal benefits of crisis/transitional housing

TRANSITIONAL HOUSING (HART)

The Home for Adult Residential Treatment (HART) Model is a new level of care that is being introduced in Idaho to meet a previously unmet need for some individuals living with Serious and Persistent Mental Illness (SPMI). The services delivered in HARTs are not as intensive as those offered at a State or Community Psychiatric Hospital, but do provide a higher level of care than currently offered in Residential Assisted Living Facilities. The HART Model is designed to be supported living integrated with behavioral health services for individuals with SPMI who

require additional assistance in order to maintain an independent and safe lifestyle that supports their recovery. The supported living or supportive living model affordable safe and stable housing, allowing residents to receive supportive services while living independently in the community. The delivery of non-residential clinical and peer services in the home allows for additional staff to be on hand to assist clients as well as have licensed professional staff to monitor and maintain progress in the residents' SPMI symptoms. The goal is to have HART services available in January 2018. (Source: Idaho Department of Health and Welfare)

TRANSPORTATION

Transportation needs are numerous and vary by region. Public transportation is limited and unavailable in some regions. Dependable development of low/no cost transportation for medical and support services, including gas vouchers, bus passes, and pooled transportation resource, may all help to alleviate these concerns and get people where they need to go to access treatment.

IMPACT OF BEHAVIORAL HEALTH TO COUNTIES

The forty-four counties in Idaho are severely impacted by people in their communities struggling with behavior health issues. It affects people's health, well-being, quality of life, family relationships, community engagement and ability to work.

Behavioral health issues also have a significant economic impact on counties. In Idaho the counties and state assume the responsibility of providing emergency medical care for those Idaho residents who are deemed medically indigent. Thirty-five percent of counties' indigent medical expenditures go towards crisis mental health treatment. The 44 counties had 4195 medical indigent cases in fiscal year 2017, and of those cases 2220 (53%) were for people suffering from a mental health crisis. Mental health cases cost counties \$6,641,037.51 of the \$29,405,434.17 total dollars spent statewide on the medical indigent program.

In addition, to these direct medical costs, counties expend significant additional resources on the involuntary commitment process when members of their communities are in mental health crisis and considered a threat to themselves or others. These expenses, include designated examinations, transportation to mental health hospitals, administration, legal and court costs. The involuntary commitment process has significant impact on the county sheriff and prosecuting attorney departments. Behavioral health issues are felt at many levels of the county budget, including county jails, probation offices, courts and social service offices budgets.

Currently, behavior health issues are causing serious financial and community health problems for counties in Idaho, and the impacts and costs are increasing. It will take considerable effort and attention from the State of Idaho, counties and private sector to address the problems and the widespread needs. An important step in this process has been the State of Idaho funding Crisis Centers and Recovery Centers around the state. There has been encouraging preliminary data showing some decline in county indigent spending in the communities which have opened Crisis Centers and Recovery Centers. Counties believe Crisis Centers and Recovery Centers are important resources to address behavioral health needs, and encourage the state to continue to fund both Crisis Centers and Recovery Centers.

In addition, counties feel strongly that the State of Idaho should seek health care insurance coverage that meets both the physical and mental health needs of all Idahoans. In order for health care coverage to be effective it cannot leave out the "gap population" and it must cover behavioral health treatment.

WORKING FOR POSITIVE OUTCOMES IN 2018



CRISIS AND RECOVERY CENTERS

Providing care and saving costs in our communities

Idaho's four behavioral health crisis centers and nine recovery community centers are integral to our recovery-based model of care, keeping people in the communities where they live.



SUICIDE PREVENTION

Renewing our commitment to Zero Suicides

While Idaho has historically struggled with high per capita rates of death by suicide, the Office of Suicide Prevention and community partners remain committed to ending death by suicide in our state.



EDUCATION AND OUTREACH

Communicating the importance of behavioral health and ending stigma

We will continue to partner with community organizations to provide outreach and education to parents, youth, veterans and all Idahoans who can benefit from behavior health support. Moving from a reactive to a proactive system depends on building skills and ending stigma.



HOUSING

Exploring partnerships to house individuals living with challenges

We will continue to explore community partnerships such as the Housing First initiative in Region 4 and the HART program to provide supported living in our communities for individuals living with serious mental illness.



ACCESS TO SERVICES

Creating new possibilities for rural communities

Idaho's rural communities struggle with access to behavioral health services. Recruiting service providers and exploring telehealth options will help us to expand the reach of these services.



FUNDING

Providing accountability for taxpayer dollars

We remain committed to using taxpayer funds in the most accountable and cost-effective ways. We will continue to use evidence-based outcomes as our standard for services and to seek creative solutions to the challenges that face us in behavioral health.



RECOVERY IS A JOURNEY

CONCLUSION

The Council is thankful to the Governor and the Legislature for ongoing support of behavioral health services in Idaho. Continued improvement depends on a continued commitment to sustainability and recovery. As we begin the next fiscal year, we express our support for the following:

- The criminal justice system's continued efforts to collaborate with behavioral health providers.
- The work of Regional Behavioral Health Boards in their partnership with their communities.
- Continued efforts to increase access to behavioral health services, including telehealth, transportation, and provider recruitment.
- The YES program to improve services for children diagnosed with Serious Emotional Disturbance (SED) in Children's Mental Health.
- Ongoing use of Recovery Community Centers and Crisis Centers to provide stabilization.
- Recovery and Peer support services to assist clients in all aspects of living in recovery.
- Ongoing support for suicide prevention and education efforts across the state.
- Supportive transitional housing for people living with serious persistent mental illness (SPMI).
- Access to substance use disorder treatment for individuals not involved with the criminal justice system.
- The SBHPC supports the continued investment in prevention programs and activities to reduce substance abuse and protect the health, safety and quality of life for all, especially Idaho's youth.

We look forward to partnering with you to improve the lives of Idahoans as together, we continue to work toward a sustainable model for recovery.

Appendix 1: Statute – IC 39-3125

TITLE 39 HEALTH AND SAFETY CHAPTER 31

REGIONAL BEHAVIORAL HEALTH SERVICES

39-3125. STATE BEHAVIORAL HEALTH PLANNING COUNCIL. (1) A state behavioral health planning council, hereinafter referred to as the planning council, shall be established to serve as an advocate for children and adults with behavioral health disorders; to advise the state behavioral health authority on issues of concern, on policies and on programs and to provide guidance to the state behavioral health authority in the development and implementation of the state behavioral health systems plan; to monitor and evaluate the allocation and adequacy of behavioral health services within the state on an ongoing basis; to monitor and evaluate the effectiveness of state laws that address behavioral health services; to ensure that individuals with behavioral health disorders have access to prevention, treatment and rehabilitation services; to serve as a vehicle for policy and program development; and to present to the governor, the judiciary and the legislature by June 30 of each year a report on the council's activities and an evaluation of the current effectiveness of the behavioral health services provided directly or indirectly by the state to adults and children. The planning council shall establish readiness and performance criteria for the regional boards to accept and maintain responsibility for family support and recovery support services. The planning council shall evaluate regional board adherence to the readiness criteria and make a determination if the regional board has demonstrated readiness to accept responsibility over the family support and recovery support services for the region. The planning council shall report to the behavioral health authority if it determines a regional board is not fulfilling its responsibility to administer the family support and recovery support services for the region and recommend the regional behavioral health centers assume responsibility over the services until the board demonstrates it is prepared to regain the responsibility.

(2) The planning council shall be appointed by the governor and be comprised of no more than fifty percent (50%) state employees or providers of behavioral health services. Membership shall also reflect to the extent possible the collective demographic characteristics of Idaho's citizens. The planning council membership shall include representation from consumers, families of adults with serious mental illness or substance use disorders; behavioral health advocates; principal state agencies and the judicial branch with respect to behavioral health, education, vocational rehabilitation, adult correction, juvenile justice and law enforcement, title XIX of the social security act and other entitlement programs; public and private entities concerned with the need, planning, operation, funding and use of mental health services or substance use disorders, and related support services; and the regional behavioral health board in each department of health and welfare region as provided for in section 39-3134, Idaho Code. The planning council may include members of the legislature.

(3) The planning council members will serve a term of two (2) years or at the pleasure of the governor, provided however, that of the members first appointed, one-half (1/2) of the appointments shall be for a term of one (1) year and one-half (1/2) of the appointments shall be for a term of two (2) years. The governor will appoint a chair and a vice-chair whose terms will be two (2) years.

(4) The council may establish subcommittees at its discretion.

History:

[39-3125, added 2006, ch. 277, sec. 3, p. 849; am. 2014, ch. 43, sec. 7, p. 109.]

IDAHO BEHAVIORAL HEALTH PLANNING COUNCIL MEMBERSHIP

Name	Region/Type of Membership	Agency/ Organization	Address	Phone Number	Email Address
Andueza, Rosie	Agency/Provider of Services/Region 3	Behavioral Health	450 W State St Boise, ID 83720	208-334-5934	rosie.andueza@dh.w.idaho.gov
Beechler, Evangeline (Van)	Advocacy/Consumer/Family/Region 4	LGBTQ Representative	3314 N 32nd St Boise, ID 83703	208-353-7896	ebeechler@gmail.com
Broncheau, Abraham	Advocacy/Consumer/Family/Region 2	Tribal Representative	803 Hill Street Kamiah, ID 83536	208-935-8028	abebwolfois@gmail.com
Catalano, Marie "Elda"	Advocacy/Consumer/Family Region 3	Hispanic Representative	1115 Albany St. Caldwell, ID 83605	208-454-7300	ecatalano@canyonco.org
Chapin, Denise	Agency/Provider of Services/Region 4	Vocational Rehabilitation Representative	650 Addison Ave W Suite 102 Twin Falls, ID 83301	208-736-2156	Denise.chapin@vr.idaho.gov
Ellis, Brady	Agency/Provider of Services/Region 4	Idaho Housing and Finance Association	PO Box 7899 Boise, ID 83707	208-331-4839	bradye@ihfa.org
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